FORM D

SEC Mail Processing Section

JAN 29 2008

Washington, DC

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number:
Expires:
Estimated average burden
hours per response

SE	C USE ON	LY
Prefix		Serial
DAT	E RECEIV	ED

Name of Offering (check if this is an	amendment and name h	as changed, and	indicate o	change.)		
Cornerstone Patriot Fund LP					······	
Filing Under (Check box(es) that apply):	□ Rule 504 □ Rule	505 ☑ Rule 50	6 🗆 Sect	ion 4(6) 🔲 ULC	DE	//////////////////////////////////////
Type of Filing: ☐ New Filing 🖾 Amen	dment					
	A. B/	ASIC IDENTIF	TCATIO	N DATA		
1. Enter the information requested about	the issuer					OROSSA
Name of Issuer (C) check if this is an an	endment and name has	changed, and i	ndicate ch	ange.)		
Cornerstone Patriot Fund LP						
Address of Executive Offices	1)	Number and Str	cet, City, S	tate, Zip Code)	Telephone Number	r (Including Area Code)
One Financial Plaza, Suite 1700, Harti	ord, Connecticut 0610	03			(860) 509-2240	
Address of Principal Business Operation	s (î	Number and Str	et, City, S	itate, Zip Code)	Telephone Number	(Including Area Code)
(if different from Executive Offices)						
Brief Description of Business						
Investments in Real Estate Assets						
Type of Business Organization						PROCESS
☐ corporation	☑ limited partnersh	ip, already form	ed	🗆 other (please specify): limi	ited flability company
☐ business trust	limited partnersh	ip, to be formed				: IAN 2 4 as-
		Month	Year			2 241 2 1 2008
Actual or Estimated Date of Incorporation	-	09	06		Estimated -	THOMSON FINANCIAL
Jurisdiction of Incorporation or Organiza	tion:	•			abbreviation for State	
		CN for Car	nada; FN f	or other foreign i	jurisdiction)	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner Full Name (Last name first, if individual) Cornerstone Patriot Fund GP, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One Financial Plaza, Suite 1700, Hartford, Connecticut 06103 ☐ Beneficial Owner Check Box(es) that Apply: ☑ Promoter ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual). Cornerstone Real Estate Advisers LLC Business or Residence Address (Number and Street, City, State, Zip Code) One Financial Plaza, Suite 1700, Hartford, Connecticut 06103 □ Promoter ☐ Beneficial Owner Check Box(es) that Apply: ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) □ Promoter ☐ Executive Officer Check Box(es) that Apply: Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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Note 1. Has the issuer sold, or does the issuer intend to self, to non-accredited investors in this offering?						B. IN	FORMA	TION ABO	OUT OFF	ERING					
Answer also in Appendix, Column 2, if filing under ULOE				_						<u></u>				Yes	No
A	1.	Has the	issuer sold	, or does th	he issuer in	tend to sell.	to non-ac	ccredited in	vestors in	this offering	g?	••••••		. 🛚	☑
A					Answer al	so in Appe	ndix, Colu	ımn 2. if fili	ng under	ULOE					
3. Does the offering permit joint ownership of a single unit?												*000			
4. Enter the Information requisited for each person who has been or will be paid or given, directly or indirectly, any commission or similar remunements for solicitation of purchasers in connection with alse of Securities in the officing. If a person be listed is an associated persons or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) One Flanacial Plaza, Sulter 1709, Hartford, CT 06 t03 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Check "All States" or check															
similar remuentation for solicitation of purchasers in connection with sales of securities in the offering. If a greater of a boxfore or dealer, efficiency with a Salez of stake, six the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the Information for that broker or dealer coally. Full Name (Last name first, if individual) Babson Capital Securities Inc. Full Name (Last name first, if individual) Basiness or Residence Address (Number and Street, City, State, Zip Code) One Financial Plaza, Soilte 1700, Hartford, CT 06103 Name of Associated Broker or Dealer Brian T. Murdy Check "All States" or check individual States) [ALL AND						_									ليا
Business or Residence Address (Number and Street, City, State, Zip Code)		simiları an assoc broker c	remuneration ciated person or dealer. I	on for solid on or agent f more tha	citation of p of a broke n five (5) p	purchasers in or dealer in persons to be	n connect registered	ion with sal with the SE	es of secu C and/or	rities in the with a state	offering. or states,	If a person list the nat	n to be listed me of the	l is	
Business or Residence Address (Number and Street, City, State, Zip Code) One Financial Plaza, Suite 1700, Hartford, CT 06103 Name of Associated Broker or Dealer Brian T. Murph (Park 18 Suites) Glack "All States" or check individual States) (Check "All States" or check individual States) (AL) [AK] [AZ] [AR] [CA] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [MI] [MI] [MI] [MI] [MI] [MI] [MI] [MI	Full Name	(Last n	ame first, i	f individua	ıl)										
Name of Associated Plaza, Sulta 1900, Harriff Name of Associated Plaza Sulta	Babson C	apital S	ecurities I	nc.	_										
Name of Associated Broker or Dealer Braian T. Mardy	Business o	or Reside	nce Addre	ss (Numbe	er and Stree	et, City, Sta	te, Zip Co	de)	·						
States in Which Person Listed Has Solicited Intervised Solicit Purchasers Check "All States" or check Individual States Individual States Individual Indi	One Fina	ncial Pla	aza, Suite	1700, Har	tford, CT	06103						_			_
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Name of A	Associate	d Broker o	or Dealer											
Check "All States" or check individual States	Brian T.	Murdy													
AL AK AZ AR CA CA CO CT OE DC FL OC FL OC CT OC OC	States in V	Which Po	rson Liste	d Has Soli	cited or Int	ends to Soli	icit Purch:	asers							
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Name of Associated Broker or Dealer	Full Name	: (Last n	ame first, i	f individua	ıl)										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business o	or Reside	ence Addre	ss (Numbe	er and Stree	et, City, Sta	te, Zip Co	ode)						· ·	
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(Check "All States" or check individual States)	States in V	Which Pe	erson Liste	d Has Solie	cited or Int	ends to Soli	icit Purch:	asers							
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Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name	(Last n	ame first, i	f individua	nl)				·····		_ <u>i_</u>				
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(Check "All States" or check individual States)	Name of A	Associate	d Broker	or Dealer							<u></u>				
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(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

	C. OFFERING FRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI	<u></u>	CEEDS		
۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		,		
	Type of Security		Aggregate Offering Price	A	mount Aiready Sold
	Debt		_	\$	-0-
	Equity			\$	-0-
	☐ Common ☐ Preferred	_		¥	
	Convertible Securities (including warrants)	<u>\$</u>	-()-	\$_	-0-
	Partnership Interests	5_	-0-	<u>\$_</u>	-0-
	Other (Specify) limited partnership interests	\$	No set limit	\$	223,875,947
	Total	S _	No set limit	\$_	223,875,947
	Answer also in Appendix, Column 3, if filing under ULOE.	_			
2.	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	1			
			N1		Aggregate
			Number Investors	1	Oollar Amount of Purchases
	Accredited Investors		8		223,875,947
	Acticulty livestors	_	0	<u>s</u>	223,073,74
	Non-accredited Investors	_	-0-	<u>\$_</u>	-0-
	Total (for filings under Rule 504 only)		-0-	<u>\$_</u>	-0-
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of	Ţ	Dollar Amount
			Security		Sold
	Rule 505	_		<u>\$</u>	
	Regulation A	_		<u>\$</u>	
	Rules 504	_		<u>\$</u>	
	Total	_		<u>\$</u>	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		F	. .	-0-
	Printing and Engraving Costs			_	
	Legal Fees.			_	550,000
	Accounting Fees				20,000
	Engineering Fees				-0-
	Sales Commissions (specify finders' fees separately)			_	-0-
	Other Expenses (identify) filing fees				3,000
	Total	••••		, <u>*</u>	573,000

	Salaries and fees														
											Đ	iyments to Officers, irectors, & Affiliates			yments to Others
	Purchase of real estate		•••••••	************			•••••••				<u>\$</u>	-0-		<u>\$</u>	-0-
	• • • • • • • • • • • • • • • • • • • •		······································	• • • • • • • • • • • • • • • • • • • •				•••••	•••••		<u>\$</u>	-0-	☑	\$_1	No set limit
	Purchase, rental or leasing and insta	allation of m	nachinery	y and equ	ipme	nt	*************				<u>\$</u>	-0-	0	<u>\$</u>	0-
	Construction or leasing of plant bui	ildings and I	facilities	•••••			•••••••				<u>\$</u>	-0-		<u>\$_</u> _	-0-
	Acquisition of other businesses (incused in exchange for the assets or s										\$	-0-		<u>\$</u>	-0-
	Repayment of indebtedness	************	••••••	*************		•••••	************				<u>\$</u>	-0-		<u>\$_</u> _	-0-
	Working capital		·····	••••••							<u>\$</u>	.0-	❷	<u>\$_1</u>	No set limit
	Other (specify):									<u>\$</u>	-0-		<u>\$</u>	-0-	
	Column Totals									<u>\$</u>	-0-	Ø	<u>\$_1</u>	No set limit	
	Total Payments Listed (column total	als added)	************	•••••••	••••		************	•••••••	**********			\$ No se	et lim	<u>oit</u>	
			D.	. FEDER	RAL!	SIGN	ATURE							_	
constitute	r has duly caused this notice to be si s an undertaking by the issuer to fur by the issuer to any non-accredited	mish to the	U.S. Seci	urities and	d Exc	hange	Commissi								
Issuer (Pr	int of Type)	Sig	gnature		\mathcal{L}	$\overline{}$			Date					· .	
Cornerst	one Patriot Fund LP			0	\mathbb{N}	Δ	١ .		Januai	ry 24	, 200	8			
Name of	Signer (Print or Type)	Tit	tle of Sig	ner (Print	r / 0 1	yp y)									
CJ Karb	owicz						al Counse GP, LLC,						rs LI	.C, th	e Manager
											1	FA/	7)	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)